

Dr. Bauer

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STATE FILE NO. 4522

CERTIFICATE OF DEATH

REGISTRAR'S NO. 65

04 04 CE OF DEATH AND 0301 98 AL RESIDENCE 5	1. PLACE OF DEATH A. COUNTY <i>Sila</i>			2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE <i>Ariz.</i> B. COUNTY <i>Sila</i>			
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR TOWN) <i>Globe</i>		C. LENGTH OF STAY IN THIS PLACE (IN ARIZONA) <i>22 yr. 22 yr.</i>		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN <i>Claypool</i>		
	D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <i>Sila General Hospital</i>			D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <i>74 Grover Can.</i>			
DECEDENT PERSONAL DATA 163 8 851	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <i>Augustina</i> B. (MIDDLE) <i>Luna</i> C. (LAST) <i>Ramo</i>			4. SEX <i>Female</i>	5. COLOR OR RACE <i>White</i>		
	6. MARRIED - - - - - NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	7. DATE OF BIRTH MONTH <i>Aug</i> DAY <i>28</i> YEAR <i>1889</i>		8. AGE YEARS <i>63</i> MONTHS <i>0</i> DAYS <i>0</i>		9. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <i>Housewife</i>	
	9B. KIND OF BUSINESS OR INDUSTRY <i>Domestic</i>	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <i>Durango Mex.</i>	11. CITIZEN OF WHAT COUNTRY? <i>Mex. ✓</i>	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <i>no</i>		13. SOCIAL SECURITY NO. <i>none</i>	
	14A. FATHER'S NAME <i>Macario Luna</i>		14B. BIRTHPLACE (STATE OR COUNTRY) <i>Mexico</i>	15A. MOTHER'S MAIDEN NAME <i>Rufina ?</i>		15B. BIRTHPLACE (STATE OR COUNTRY) <i>Mexico</i>	
	16. INFORMANT'S SIGNATURE <i>Mercedes L. Cabrera</i>			ADDRESS <i>Claypool Ariz.</i>	17. DATE OF DEATH (MONTH) <i>Aug.</i> (DAY) <i>28</i> (YEAR) <i>1951</i>		
4200 CAUSE OF DEATH (ITEM 18) 0	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). *THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.	MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH (A) <i>Arterio-sclerotic heart disease</i> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (B) STATING THE UNDERLYING CAUSE LAST DUE TO (C) <i>1. Anemia 2. Nephritis</i>			INTERVAL BETWEEN ONSET AND DEATH <i>9 years</i>		
	19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
DEATH DUE TO EXTERNAL VIOLENCE -	21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)	21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		21C. (CITY OR TOWN) (COUNTY) (STATE)			
	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
MEDICAL CORONER'S CERTIFICATION	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <i>Aug. 15</i> , 1951, TO <i>Aug. 28</i> , 1951, THAT I LAST SAW THE DECEASED ALIVE ON <i>Aug. 28</i> , 1951, AND THAT DEATH OCCURRED AT <i>11:05 A.M.</i> FROM THE CAUSES AND ON THE DATE STATED ABOVE.						
	23A. SIGNATURE (DEGREE OR TITLE) <i>Alexander J. Bossel, M.D.</i>		23B. ADDRESS <i>Globe, Arizona</i>		23C. DATE SIGNED <i>9-4-51</i>		
FUNERAL DIRECTOR AND REGISTRAR 2	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	24B. DATE <i>Sept. 1, 1951</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Pinal Cemetery</i>		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <i>Mission, Arizona</i>		
	25A. DATE REC'D BY LOCAL REG. <i>9-10-51</i>	25B. REGISTRAR'S SIGNATURE <i>Joan Kaullee</i>		26. FUNERAL DIRECTOR'S SIGNATURE <i>Alexander J. Bossel</i>		27. EMBALMER'S SIGNATURE <i>[Signature]</i> CERT. NO. <i>2448</i>	